

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
OFFICE OF THE CLERK
600 Granby Street, Room 400
Post Office Box 1938
Norfolk, Virginia 23501-1938

Date of Request _____ Name of Requestor _____
Case Name _____ Address _____
Case No. _____
AP No. _____ Telephone No. (____) _____

**Request for Claims/Creditor Register, List of Creditors, Mailing Labels, Docket Record, Certified Copies or
Government Agency Photocopies**

Check one: ☐ **Claims/Creditor Register** ☐ **List of Creditors** ☐ **Mailing Labels** ☐ **Docket Record**
 \$.50 per page \$.50 per page \$5.00 per page \$.50 per page
☐ **Certified Copies. Identify document(s) to be certified:** _____
 \$5.00 per document plus \$.50 per page copy fee

For the above items, make check payable to **Clerk, U.S. Bankruptcy Court.** Amount Due \$ _____

The above document requests are normally completed and available for pickup after 10:00 a.m. the next business day following the date of request. **Please indicate at the bottom of this form your preferred method for receiving these documents upon completion of your request by the Clerk's Office.**

PHOTOCOPY REQUESTS FOR GOVERNMENT AGENCIES ONLY:

[Copy requests processed within two business days following the date of request.]

Document Description	Date Filed	Entry Number	Number of Pages
Petition			
Schedules			
Statement of Financial Affairs			
341 Meeting Notice			
Discharge			
No Distribution Report			
Chapter 13 Plan			

☐ To be mailed. A self-addressed, stamped envelope of adequate size is attached to this request.

☐ To be picked up at the Clerk's Office. **Requests not picked up within 10 days will be destroyed.**

Date Requestor Notified: _____ Date Mailed : _____

Date Received: _____ Signature of Requestor/Agent: _____